| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | *Chr* | 6204 | 2/17/06 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 7435 | 4/24/06 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

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| ✔ | ............................. Rejected | N | ............................. Non-elected |
| = | ............................. Allowed | I | ............................. Interference |
| — | (Through numeral)... Canceled | A | ............................. Appeal |
| ÷ | ............................. Restricted | O | ............................. Objected |

| Claim | | Date | | | | Claim | | Date | | | | | Claim | | Date | | | | |
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| Final | Original | | | | | Final | Original | | | | | | Final | Original | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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